REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Ty	ype of Application: Alarm Agent w/Firearm					
Job Title or Type of License, Certification or Permit:						
Agency Address Set Contributing Agency:						
Bureau of Security & Investigative Services Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)				
P.O. BOX 989002		Licensing				
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)				
West Sacramento CA 95798-9002		(916) 322-4000				
City State	Zip Code	Contact Teleph	none No.			
Name of Applicant: (please print) Last	First		MI			
Alias:		Driver's License No				
Last	First	_ Driver's Licerise No				
Date of Birth: Se	ex: Male Female	Misc. No. BIL-	N/A			
		·	Agency Billing Number (if applicable)			
Height: W	eight:	Misc. No:				
Eye Color: Ha	ir Color:	Home Address:				
		_	Street or P.O. Box			
Place of Birth:		_	City State and 7in Code			
SOC:			City, State and Zip Code			
		_				
Your Number:	and the land Name	Level of Service	X DOJ X FBI			
OCA No. (Agency Identifying No.)						
If resubmission, list Original ATI No.						
Employer: (Additional response for agen	cies specified by statute)					
Employer Name						
Street No. Street or P.	O. Box	Mail (Code (five digit code assigned by DOJ)			
City State	Zin Codo	<u>()</u>	cy Telephone No. (optional)			
City State	Zip Code	Agen	су тевернопе мо. (орнопан)			
Live Scan Transaction Completed By: Date:						
Name of Operator						
Transmitting Agency	ATING		Amount Callooted/Dilled			
Transmitting Agency	ATI No.		Amount Collected/Billed			

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

	71 11				
Code assigned by DOJ Job Title or Type of License, Certification or Permit:					
Agency Address Set Contributing Agen	ICV:				
Bureau of Security & Investigative Services		06078			
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)			
P.O. BOX 989002		Licensing			
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)			
West Sacramento CA	95798-9002	(916) 322-4000			
City State	Zip Code	Contact Telephone No.			
Name of Applicant:					
(please print) Last	First	MI			
Alias:		Driver's License No.			
Last	First				
Date of Birth: Sex:	Male Female	Misc. No. BIL- N/A			
		Agency Billing Number (if a	applicable)		
Height: Weig	9ht: 	Misc. No:			
Eye Color: Hair C	Color:	Home Address:			
		Street or P.O. Box			
Place of Birth:		City Chata and 7's Code			
SOC:		City, State and Zip Code			
Your Number:		Level of Service X DOJ X] FBI		
OCA No. (Agency Identifying No.)					
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies	s specified by statute)				
	, ,				
Employer Name					
Street No. Street or P.O. I	Вох	Mail Code (five digit code assigned l	by DOJ)		
		()			
City State	Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:					
Transmitting Agency	ATI No.	Amount Collected/E	Billed		

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Code assigned by DOJ	71 11					
Job Title or Type of License, Certification or Permit:						
Agency Address Set Contributing Agency:						
Bureau of Security & Investigative Services		06078				
Agency authorized to receive criminal history information P.O. BOX 989002		Mail Code (five digit code assigned by DOJ) Licensing				
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)				
West Sacramento CA City State	95798-9002 Zip Code	Contact Teleph	916) 322-4000 none No.			
Name of Applicant: (please print) Last	First		MI			
Alias:		_ Driver's License No	D			
Date of Birth: Sex:	First Male Female	Misc. No. BIL-	N/A			
Height: Weight:		Misc. No:	Agency Billing Number (if applicable)			
Eye Color: Hair Colo	or:	Home Address:	Street or P.O. Box			
Place of Birth:						
SOC:		- -	City, State and Zip Code			
Your Number: OCA No. (Agency Identifying	ng No.)	Level of Service	X DOJ X FBI			
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
Employer Name						
Street No. Street or P.O. Box		Mail (Code (five digit code assigned by DOJ)			
City State	Zip Code		icy Telephone No. (optional)			
Live Scan Transaction Completed By:	Name of Operator		Date:			
Transmitting Agency	ATI No.		Amount Collected/Billed			